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PROVIDER REVIEW

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The NPI is Here. The NPI is Now. Are You Using It?

Approximately 98% of the estimated 2.3 million covered health care providers now have National Provider Identifiers (NPI). CMDP, health care clearinghouses and health care providers are now transitioning to the implementation phase for NPI compliance.

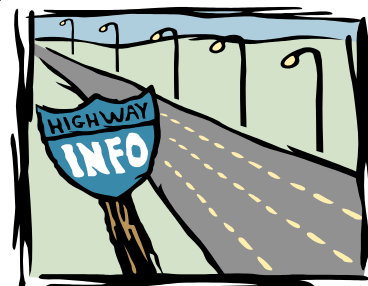
Centers for Medicare and Medicaid delayed dissemination of National Plan and Provider Enumeration System (NPPES) Data. NPPES health care provider data that are required to be disclosed under the Freedom of Information Act (FOIA) will be made publicly available. The FOIA-disclosable data will be made available in an initial file downloadable from the internet, with monthly update files and a query-only database (the NPI Registry) whereby users can query by NPI or provider name. This provider data will be available August 1, 2007.

For the latest information on Data Dissemination, as well as a list of the FOIA-disclosable data elements, visit <http://www.cms.hhs.gov/NationalProvIdentStand/06aDataDissemination.asp> on the NPI website.

The revised NPI Application/Update Form is available for download on the CMS website as well as more information on the revisions to the form, as well as a link to the revised form, is available at http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Announcement_for_Revised_NPI on the CMS NPI website.

Still Confused?

Not sure what an NPI is and how you can get it, share it and use it? As always, more information and education on the NPI can be found at the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper ap-



Cultural Competency in Medicine

Culture is defined as "the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group."

Culture is a predominant force in shaping behavior, values and institutions. Not only do cultural differences exist, but they also impact health care delivery. Culturally competent providers appreciate family ties and realize that they are defined differently for each culture. Rather than being insulted by another culture's perspective, culturally competent providers welcome collaboration and cooperation.

TIPS FOR IMPROVING THE CAREGIVER/PATIENT RELATIONSHIP ACROSS CULTURES

1. Do not treat the patient in the same manner you would want to be treated. Culture determines the roles for polite, caring behavior and will formulate the patient's concept of a satisfactory relationship.
2. Begin by being more formal with patients who were born in another culture. In most countries, a greater distance between caregiver and patient is maintained through the relationship. Except when treating children or very young adults, it is best to use the patient's last name when addressing him or her.
3. Do not be insulted if the patient fails to look you in the eye or ask questions about treatment. In many cultures, it is disrespectful to look directly at another person (especially one in authority) or to make someone "lose face" by asking him or her questions.
4. Do not make any assumptions about the patient's ideas about the ways to maintain health, the cause of illness or the means to prevent or cure it. Adopt a line of questioning that will help determine some of the patient's central beliefs about health/illness/illness prevention.
5. Allow the patient to be open and honest. Do not discount beliefs that are not held by Western biomedicine. Often, patients are afraid to tell Western caregivers that they are visiting a folk healer or are taking an alternative medicine concurrently with Western treatment because in the past they have experienced ridicule.

CMDP encourages providers to use these tips and guidelines in assisting their practice with Cultural Competency.

Health Literacy

Health literacy is the ability to read, understand and effectively use basic medical instructions and information. Low health literacy can affect anyone of any age, ethnicity, background, or education level. Health literacy is now known to be vital to good patient care and positive health outcomes.

People with low health literacy:

- Are often less likely to comply with prescribed treatment and self-care regimens.
- Fail to seek preventive care and are at higher (more than double) risk for hospitalization.
- Remain in the hospital nearly two days longer than adults with higher health literacy.
- Often require additional care that results in annual health care costs that are four times higher than for those with higher literacy skills.

What can providers do?

Along with encouraging your patients to use the **Ask Me 3** approach, simple techniques can increase your patients' comfort level with asking questions, as well as compliance with your instructions after they leave appointments.

- Create a safe environment where patients feel comfortable talking openly with you
- Use plain language instead of technical language or medical jargon
- Sit down (instead of standing) to achieve eye level with your patient
- Use visual models to illustrate a procedure or condition
- Ask patients to "teach back" the care instructions you give to them

Because clear communication is the foundation for patients to be able to understand and act on health information, providers should always encourage their patients understand the answers to:

What is my main problem?

What do I need to do?

Why is it important for me to do this?

What is Ask Me 3?

Asking Me 3 is a quick, effective tool designed to improve health communication between patients and providers to improve health outcomes. Your patients can be directed to AskMe3.com for information on the program

Timely Immunizations for Children and Youth in Foster Care is Critical!

Children and youth in foster care really need to get immunizations on time and in a complete fashion. Per Article 58 of the Arizona Administrative Code R6-5-5830 foster parents are responsible to ensure the child/youth in their care gets all routine medical and dental care, including immunizations. Foster parents do not have the legal authority to waive required vaccines.

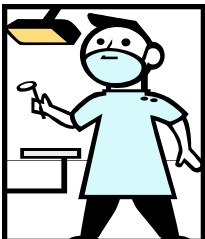
Health care professionals and parents often misunderstand contraindications to immunization. Common conditions or circumstances that are **not contraindications** include:

- Mild acute illness with low-grade fever or mild diarrheal illness in an otherwise well child. Minor illness with or without fever does not contraindicate immunization. Fever, in itself, is not a contraindication to immunization.
- The convalescent phase of illness
- Currently receiving antibiotic therapy
- Reaction to a previous DTaP or DTP dose that involved only soreness, redness, or swelling in the immediate vicinity of the immunization site or temperature of less than 105°F.
- Prematurity—the appropriate age for initiating most immunizations in the prematurely born infant is the usually recommended chronologic age; vaccine doses should **not** be reduced for preterm infants
- Pregnancy of mother or other household contact—vaccine viruses in MMR vaccine are not transmitted by vaccine recipients
- Recent exposure to an infectious disease
- Breastfeeding—the only vaccine virus that has been isolated from human milk is rubella; no evidence indicates that human milk from women immunized against rubella is harmful to infants
- A history of nonspecific allergies or relatives with allergies
- Allergies to penicillin or any other antimicrobial agent, except anaphylactic reactions to neomycin or streptomycin
- Allergies to duck meat or duck feathers—no vaccine available in the United States is produced in substrates containing duck antigens
- Family history of seizures in a person considered for pertussis or measles immunization
- Family history of sudden infant death syndrome in children considered for DTaP immunization
- Family history of an adverse event, unrelated to immunosuppression, after immunization
- Malnutrition

Please do not defer immunizations unless a true contraindication exists.

For the complete CDC Guide to Contraindications for Vaccinations visit:

http://www.cdc.gov/vaccines/recs/vac-admin/downloads/contraindications_guide.pdf



DR. C says.....

By Dr. Jerry Caniglia, Dental Consultant

“TIPS IN SUBMITTING CMDP DENTAL CLAIMS”

The majority of claims processing delays can be avoided if the dental provider would routinely refer to the **CMDP Dental Benefits Matrix**. Information contained in the Dental Benefits Matrix are the list of AHCCCS dental codes, description of dental services, coverage category, prior authorization (PA) requirements and amount of reimbursement. If you do not have a copy of the dental matrix contact CMDP provider services unit.

The Matrix is periodically revised and updated, so it is important to refer to this for current covered services and claims submission requirements.

If a dental procedure requires prior authorization, the provider may be asked to submit x-rays, narrative statement, or a periodontal chart.

The narrative statement should include pertinent additional information that clarifies for the reviewing dental consultant, the need or circumstances for performing the requested services.

If x-rays are requested, providers should consider these tips to avoid lost x-rays and avoid the need to resubmit x-rays of better quality:

- Submit x-rays only when requested.
- Label all x-rays with member's name, date x-ray taken and tooth numbers.
- Complete name of the treating dentist or dental practice.
- Indicate the right and left, and top and bottom, on the x-ray.
- Attach the x-rays firmly to the claim form.
- If submitting duplicate x-rays, they should be of good diagnostic quality.

Updated Version of 1500

The National Uniform Claim Committee (NUCC) has released its annual updated version of its 1500 Reference Instruction Manual. The updated manual, Version 3.0 7/07, goes into effect immediately. The instruction manual is available at the NUCC's website, www.nucc.org, under the 1500 Claim Form tab. A complete list of the changes is also available on the website.

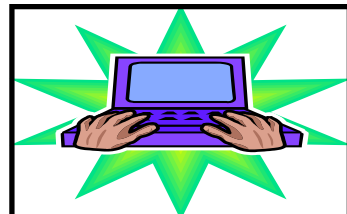
Any interim changes, clarifications, or corrections to the instructions following this release will be posted on the NUCC website. The next release of the manual is anticipated for July 2008, unless there is an urgent need to provide an interim release.

The 1500 instruction manual is maintained by the NUCC. The NUCC is a voluntary organization whose members include representatives from major provider, payer, health research, and other organizations representing billing professional, and electronic standard developers.

Additional information about the NUCC is available on its website.

All CMDP providers are required to use the new CMS 1500 (08-05) form when submitting claims. Using the new form will be with accordance with the new regulations. Further, any claims submitted on or after 10/01/07 on the incorrect form will be denied. If you have any questions, please contact the Provider Services Department at (602) 351-2245 ext. 13770.

For more information on the 1500 Health Insurance Claim Form Reference Instruction Manual, visit the NUCC website or contact Nancy Spector, NUCC Chair at (312) 464-4059.



U.S. Food and Drug Administration Center for Drug Evaluation and Research CMDP P&T Meeting Update 2007 August 8, 2007

Drug Withdrawals:

June 1, 2007: There was a nationwide recall of Long Weekend Dietary Supplement. The product contained undeclared tadalafil, a medication to treat erectile dysfunction.

May 25, 2007: The FDA announced it will require manufacturers of unapproved, extended release guaifenesin to stop manufacturing them within 90 days and cease shipping within 180 days. The medication is used to relieve cough and cold symptoms by stimulating removal of mucous from the lungs. Approximately 20 companies currently market unapproved guaifenesin 600mg or 1200 mg extended release products. Only 2 extended release forms are approved (Mucinex and Humibid). This does not affect immediate release guaifenesin.

April 6, 2007: FDA announced companies must stop marketing unapproved trimethobenzamide suppositories. They are used for nausea and vomiting in adults and children. They lack evidence of effectiveness. Trade names include **Tigan, Tebamide, T-Gen, Trimazide, and Trimethobenz.** This does not affect other dosage forms of trimethobenzamide. Companies must stop shipping the unapproved suppositories by May 9th, 2007.

Black Box Warnings:

July 2, 2007: The prescribing information for **Xolair®** has been updated to include a new black boxed warning. The medication is used for patients with asthma related to allergies and carries a risk of anaphylaxis. Symptoms of anaphylaxis may include difficulty breathing, chest tightness, swelling of the mouth/throat, itching, hives, dizziness and fainting. Although the occurrence is very rare (about 1 in 10,000 patients), since it can occur up to 24 hours after any dose, not just the first dose, it is important for patients and healthcare professionals to be aware. A new medication guide will be distributed with each dose of **Xolair®** and alerts the patient the medication should now only be administered in a doctor's office.

May 23, 2007: All gadolinium-based contrast agents used to enhance the imaging of MRIs have a new black box warning. The warning states that patients with severe kidney insufficiency who receive these contrast agents are at risk for developing a potentially fatal disease known as nephrogenic systemic fibrosis (NSF). Additionally, patients with chronic liver disease or who have received a transplant, are at risk for developing NSF if they are experiencing any kidney insufficiency.

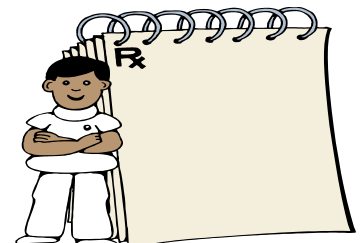
May 2, 2007: The FDA asked manufacturers of antidepressants to expand their existing black box warning on suicidal behavior to include warnings about the increased risk of suicidal thinking and behavior in young adults age 18-24 years old. The proposed labeling change is across the entire category of antidepressants. The labeling update follows the change from 2005 that warned of increased suicide risk in children and adolescents who use antidepressants.

Other FDA News:

June 30, 2007: The patent on **Lamisil®** expired on 6/30/07. The first generic terbinafine 250mg tablets were approved by the FDA on 7/5/07 for multiple manufacturers. The medication is used to treat nail fungus infections and is the 57th highest selling brand by retail dollars in the U.S. (reference: Drug Topics).

June 28, 2007: The FDA issued a Public Health Advisory for **Colestimethate (Coly-Mycin M®)** after the death of a cystic fibrosis patient who used the antibiotic premixed into a liquid formulation and inhaled via nebulizer. The FDA is continuing to investigate. Patients using the medication via nebulizer should use right away after it is mixed and should discard any unused or premixed liquid Colestimethate. Any side effects should be reported to the FDA via MedWatch.

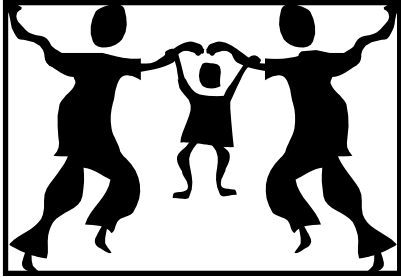
June 1, 2007: The FDA warned consumers to not use toothpaste from China, and also issued an import alert to prevent toothpaste containing **diethylene glycol (DEG)** from entering the U.S. **DEG** is used in antifreeze and as a solvent. Typically these are low cost toothpastes sold in outlet stores. They may be found under the names: Cooldent, Dr. Cool, Everfresh, Superdent, Clean Rite, Oralmax, Bright Max, ShiR, DentaPro, and DentaKleen.



Family Planning Services

Per AHCCCS requirements, providers must **document** in the medical record that each member of reproductive age has been notified verbally or in writing of the availability of family planning services. **Please, record this information on the EPSDT Tracking Form.**

The EPSDT Tracking Forms are currently in revision and will include an area to document this notification. CMDP will update you as soon as the forms have been completed and are ready for use.



Please continue to offer family planning services that are:

- Provided in a manner free from coercion or mental pressure
- Available and easily accessible to members
- Provided in a manner which assures continuity and confidentiality
- Provided by, or under the direction of, a qualified physician or practitioner.

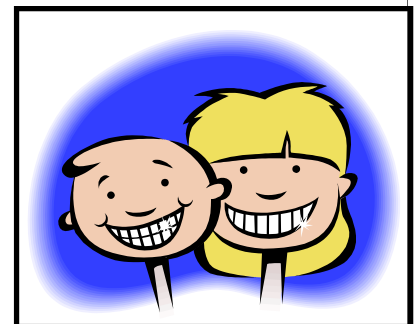
If you have any questions and would like assistance in coordinating services, please contact the EPSDT Coordinator Sandra Davis at (602) 351-2245.

Vaccines for Children Program Updates

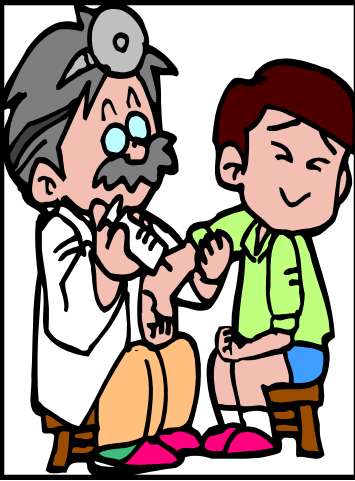
The Arizona Immunization Program Vaccine Center has begun accepting initial influenza vaccine orders for the 2007-2008 influenza season for VFC eligible children. The Advisory Committee on Immunization Practices (ACIP) recommends that influenza vaccine be administered to children in specific eligibility groups.

The Influenza Vaccine Information Statements (VISs) are available. Please check www.immunize.org for the current TIV (trivalent inactivated influenza vaccine) and LAIV (live attenuated influenza vaccine) versions. Six choices of flu vaccine are offered. Please closely review and consider the age groups, manufacturer, and vaccine dosages.

The recommended start date for administration of influenza vaccine is October 1, 2007. Please remember that children under 9 years of age receiving influenza vaccine for the first time should receive two doses spaced four weeks apart (inactivated influenza vaccine) or six weeks apart (live attenuated influenza vaccine). Children who received only one dose of influenza vaccine in their first year of vaccination should receive two doses in their second year of vaccination.



Questions About Immunizing with Gardasil?



The new vaccine, Gardasil, is the first vaccine developed to prevent cervical cancer, precancerous genital lesions, and genital warts due to the human papillomavirus.

Human Papillomavirus (HPV) is a common virus that is spread through sexual contact. Most of the time HPV has no symptoms so people do not know they have it. There are approximately 40 types of genital HPV. The HPV vaccine works by preventing the most common types of HPV that cause cervical cancer and genital warts. It is given as a 3-dose vaccine and does not contain thimerosal or mercury.

Who should get the HPV vaccine? The Centers for Disease Control & Prevention (CDC) recommends the HPV vaccine for all 11 and 12 year old girls. Recommendations allow for vaccines to begin as early as age nine at the discretion of the physician.

Why is HPV vaccine recommended for girls 11 to 12 years of age? It is important for girls to get HPV vaccine before they become sexually active because this is when the vaccine is most effective in preventing cervical cancer.

What do we know about the risk factors for youth in foster care? The medical literature demonstrates that youth in foster care, even after adjustment for multiple predictor variables, was associated with younger age at first conception (difference: 11.3 months) and having greater median number of sexual partners (odds ratio: 1.7, 1.0-2.8).

Kinship care was associated with younger age both at first intercourse (difference = 6 months) and at first conception (difference: 8.6 months) and having greater median number of sexual partners (odds ratio: 1.4, 1.1 – 1.8). There was no statistical difference between the kinship and foster groups.¹

So it is probably safe to assume that youth in foster care may be at increased risk of HPV infection and cervical cancer.

Is anything special required regarding consent for this vaccine? Per Article 58, of the Arizona Administrative Code, R6-5-5830: A foster parent shall arrange for a foster child to have routine medical and dental care, which shall include an annual medical exam, semi-annual dental exams, immunizations and standard medical tests. Vaccines are therefore considered part of routine healthcare and the foster parent is allowed to consent for the HPV vaccine. Foster parents are not allowed to waive required vaccines.

How is the HPV vaccine reimbursed? The HPV vaccine is covered under Arizona's Vaccine for Children Program for youth under age 19 and CMDP covers the cost of administration. For CMDP youth 19 and over, CMDP covers the cost of the vaccine and administration per the AHCCCS fee schedule. Providers must use their own private stock; they are not to use VFC vaccine for the 19 and 20 year olds.

¹Carpenter SC, Clyman RB, Davidson AJ, Steiner JF. The Association of Foster Care or Kinship Care with Adolescent Sexual Behavior and First Pregnancy. *Pediatrics*. Sept 2001;108(3): p. e46

Two Quick Ways to Verify CMDP Eligibility

You can now check CMDP eligibility on line at the CMDP Website, www.azdes.gov/dcyf/cmdpe. Once you have clicked into the website:

Click Provider Services (Left side of screen)

Click Member Lookup (Left side of screen)

Once you have selected Member Lookup follow the step-by-step directions.

You will need the Member's CMDP ID number, your AHCCCS Provider ID number and the Dates of Service you are verifying eligibility.

You can also verify eligibility via e-mail. You will receive a prompt response at these member services e-mail addresses.

MariaVillanueva@azdes.gov

LMoore@azdes.gov

RosemaryCelaya@azdes.gov

MClark@azdes.gov

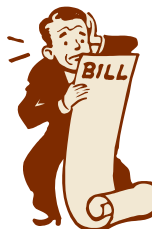
No Collection Action Against Foster Caregivers!

Do Not Request Payment from or Bill Foster Caregivers for Services Rendered to CMDP Members!

No Collection Action Against Foster Caregivers!

In accordance with Arizona Administrative Code R6-5-6006,

CMDP Foster Caregivers and CMDP Members are not responsible for any medical and dental bills incurred. Please note that requesting payment from, sending a bill to, or initiating collection against a foster caregiver or member is prohibited, and is in violation of Federal and State Law.



Additionally, civil penalties may be assessed if a provider continues billing or collection action towards a CMDP foster caregiver or a CMDP member for charges.

CMDP Contacts: (602) 351-2245 (800) 201-1795

MEMBER SERVICES:

To verify a member's eligibility, choose any of these options:

**Please have member's name, date of birth, date of service & ID #.

CMDP offers our providers eligibility verification via

- Phone (602) 351-2245, (800) 201-1795

- FAX (602) 264-3801

- Internet Website: www.azdes.gov/dcyf/cmdpe

Phone: Option 1 for English, Option 2 –if you are calling from a provider's office, then Option 1

PROVIDER SERVICES:

Option 1, Option 2, then Option 3

For all your concerns, Provider Services will assist you or direct you to the appropriate department.

CLAIMS:

Option 1, Option 2 then Option 2

For verification of claim status, please select the options listed above for a claims representative.

CLAIMS MAILING ADDRESS:

CMDP 942-C, PO BOX 29202, PHOENIX, AZ 85038-9202

MEDICAL SERVICES:

Option 1, Option 2 then :

Hospitalizations.....Option 7

Prior Authorizations:

Medical.....Option 5

Dental.....Option 4

Pharmacy.....Option 8

Behavioral Health...Option 6

Please contact Medical Services with any questions regarding the medical needs of our members.

"Web Corner"

The following is a list of websites we recommend to assist your office.

If there are any other websites you wish to add and share with other providers please contact Provider Services and we will add them to our next newsletter.

CMDP's Website: www.azdes.gov/dcyf/cmdpe

Your location for an updated:

- Provider Manual
- Newsletters
- Member Handbook
- Preferred Medication List (PML)
- Forms
- Provider Directory
- Member Eligibility Verification
- Claims Status

UPDATED FEE SCHEDULE, AHCCCS

Provider Manual, EPSDT forms and more available at:

www.azahcccs.gov

CHILDREN'S REHABILITATIVE SERVICES (CRS), information and referral forms: www.hs.state.az.us/phs/ocshcn/crs/index.htm

VACCINES FOR CHILDREN (VFC) Program: www.cdc.gov/nip/vfc/Provider/ProvidersHomePage.htm

Every Child by Two Immunizations: www.ecbt.org

ASIIS and TAPI: www.whymmunize.org/us.htm

American Academy of Pediatrics: www.aap.org

Equal Opportunity Employer/Program. This document available in alternative formats by contacting Provider Services.